Form 990-T	Exempt Organization Busi	ness Income Ta	ix Return	OMB No 1545-0687					
د	(and proxy tax under	r section 6033(e))	190 Le	0040					
A ³	For calendar year 2018 or other tax year beginning JUL 1, 2018 and ending JUN 30, 2019 2018								
Department of the Treasury	Go to www irs gov/Form990T for instructions and the latest information								
Internal Revenue Service	Do not enter SSN numbers on this form as it may b	e made public if your organizati		501(c)(3) Organizations Only					
A Check box if	Name of organization (Check box if name cha	nployer identification number nployees' trust, see							
address changed			ļ	structions)					
B Exempt under section	Print ANIMAL WELFARE INSTITUT		<u> 13-5655952 </u>						
\mathbf{X} 501(\mathbf{O} 3)	or Number, street, and room or suite no. If a P.O. box, see instructions. E Unrelated business activity cod (See instructions)								
408(e) 220(e)	Type 900 PENNSYLVANIA AVE S.	E							
408A 530(a)	City or town, state or province, country, and ZIP or foreign postal code								
529(a)	WASHINGTON, DC 20003		90	0099					
C Book value of all assets at end of year	F Group exemption number (See instructions.)	<u></u>							
at end of year 16, 204, 4	62. G Check organization type 🕨 🗓 501(c) corpo	ration 501(c) trust	401(a) trust	Other trust					
H Enter the number of the	organization's unrelated trades or businesses. \triangleright <u>1</u>	Describe th	ie only (or first) unrelate	ed .					
	► SEE STATEMENT 1		omplete Parts I-V. If mo						
describe the first in the t	blank space at the end of the previous sentence, complete Parts	s I and II, complete a Schedule N	I for each additional trai	de or					
business, then complete									
-	the corporation a subsidiary in an affiliated group or a parent-	subsidiary controlled group?	▶	Yes X No					
	and identifying number of the parent corporation.			227 2220					
	d Trade or Business Income			-337-2332					
	The state of the s	(A) Income	(B) Expenses	(C) Net					
1a Gross receipts or sale		.		1					
b Less returns and allo		1c		· · ·					
2 Cost of goods sold (S		2							
3 Gross profit. Subtrac	F-	3							
• •		4a	· · · · · · · · · · · · · · · · · · ·						
- ,	, ,	4b							
c Capital loss deduction	F	4c							
	a partnership or an S corporation (attach statement)	5		 					
6 Rent income (Schedu	·	6							
	ced income (Schedule E)	7							
	yalties, and rents from a controlled organization (Schedule F)	8							
	of a section 501(c)(7), (9), or (17) organization (Schedule G)	9 10		 					
10 Exploited exempt act11 Advertising income (3)	, , , , , , , , , , , , , , , , , , , ,	11	_ .	 					
- ·		12		 					
13 Total. Combine lines		13 0.							
	ons Not Taken Elsewhere (See instructions for I			<u> </u>					
	contributions, deductions must be directly connected w		icome)						
	ficers, directors, and trustees (Schedule K)		14						
15 Salaries and wages	•		15						
16 Repairs and mainter			16						
17 Bad debts			17						
	edule) (see instructions)	RECEIVE	18						
19 Taxes and licenses	,	4	19						
20 Charitable contributi	ions (See instructions for limitation rules)	B NOV 2 2 201	20						
21 Depreciation attach		21 6 201	9 17						
	aimed on Schedule A and elsewhere on return	223		<u> </u>					
23 Depletion		OGUEN, U	T 23						
2	erred compensation plans								
25 Employee benefit pr	·		25						
26 Excess exempt expe			26						
27 Excess readership c			27						
28 Other deductions (at			28						
	Add lines 14 through 28		29	0.					
	taxable income before net operating loss deduction. Subtract li	ne 29 from line 13	30	0.					
·	perating loss arising in tax years beginning on or after January		31						
	taxable income Subtract line 31 from line 30		32	0.					
	or Paperwork Reduction Act Notice, see instructions			Form 990-T (2018)					

Part I					
33,1	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	Ŀ	33		0.
34	Amounts paid for disallowed fringes	Li	34	8,7	<u>33.</u>
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	Ŀ	35		
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of				
	lines 33 and 34	Li	36	8,7	<u>33.</u>
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	Li	37	1,0	00.
38	Unrelated business taxable income Subtract line 37 from line 36. If line 37 is greater than line 36,				
	enter the smaller of zero or line 36	:	38	7,7	33.
Part I	V Tax Computation				
39	Organizations Taxable as Corporations Multiply line 38 by 21% (0.21)		39	1,6	<u>24.</u>
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from:	L			
	Tax rate schedule or Schedule D (Form 1041)	▶ _	40		
41	Proxy tax See instructions	▶ _	41		
42	Alternative minimum tax (trusts only)	Ľ	42		
43	Tax on Noncompliant Facility Income See instructions	<u>/</u>	43		
44	Total Add lines 41, 42, and 43 to line 39 or 40, whichever applies		44	1,6	<u>24.</u>
Part \	/ Tax and Payments				
45 a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	_			
b	Other credits (see instructions) 45b				
C	General business credit. Attach Form 3800				
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	_			
е	Total credits Add lines 45a through 45d	14	15e		
46	Subtract line 45e from line 44		46	1,6	<u>24.</u>
47	Other taxes. Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach sched	· —	47		
48	Total tax Add lines 46 and 47 (see instructions)	L'	48	1,6	
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	Ľ	49		0.
50 a	Payments: A 2017 overpayment credited to 2018				
b	2018 estimated tax payments 50b 76	0.			
C	Tax deposited with Form 8868				
d	Foreign organizations: Tax paid or withheld at source (see instructions) 50d				
е	Backup withholding (see instructions) 50e				
f	Credit for small employer health insurance premiums (attach Form 8941) 50f	_			
9	Other credits, adjustments, and payments: Form 2439				
	Form 4136		_	_	
51	Total payments. Add lines 50a through 50g		51	<u> 7</u>	<u>60.</u>
52	Estimated tax penalty (see instructions) Check if Form 2220 is attached L		52		
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed		53	8	64.
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	· —	54		
55	Enter the amount of line 54 you want: Credited to 2019 estimated tax		55		
Part \	/I Statements Regarding Certain Activities and Other Information (see instructions)				
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority			Yes	No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file				
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country				ليبا
	here >				X
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?				X
	If "Yes," see instructions for other forms the organization may have to file.				
58	Enter the amount of tax-exempt interest received or accrued during the tax year >\$			<u> </u>	
Sia-	Under penalties in perjury I declare that I have examined this return, including accompanying schedules and statements and to the best of my kill correct, and complete. Declaration of preparer when their than taxpayer) is based on all information of which preparer has any knowledge.	iowledge	and belief, it is tr	ue	
Sign			he IRS discuss th		vith
Here	PRESIDENT		eparer shown be		٦
	Signature of officer Date Title	_	ctions)? X	es _	No
	Print/Type preparer's name Preparer's stypeature Date / Check	_	PTIN		
Paid	self- emplo	yed	D00101	1716	
Prepa	rer RICHARD TERRANO RECHARD TERRANO 1/3/3		P00101		
Use C	Only Firm's name ► MARKS PANETH LLP / Firm's Ell	✓	11-35	L 0 0 4	<u> </u>
	4 MANHATTANVILLE ROAD		14\504	000	^
	Firm's address ► PURCHASE, NY 10577 Phone no	<u>. (9</u>	14)524		
823711 01	-09-19		Form	990-T	(2018)

Inventory at beginning of year 2	Schedule A - Cost of Good	s Sold. Enter	method of invei	ntory v	aluation N/A					
2 Purchases 2 3 Schedule 3 Cost of labor 4 Additional section 263A costs (attach schedule) 4 Interest		1				ır		6		
3 Cost of Jabon 4 Additional section 263A costs (attach schedule) 4 B										
(altach schedule) 44	3 Cost of labor	3							_	
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See instructions	5 Total Add lines 1 through 4b									
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		ncluded in column	ı 8				<u> </u>	-		

Schedule F - Interest,				Controlled O					tructions		
1 Name of controlled organiza	ıdeni	mployer tification umber	3 Net unre (loss) (see	elated income instructions)		al of specified nents made	5 Part of column 4 that is included in the controlling organization's gross income		olling	6 Deductions directly connected with income in column 5	
(1)										·	
(2)										-	
(3)					-						
(4)											
Nonexempt Controlled Organi	izations										
7 Taxable Income	8 Net unrelated inco (see instruction		9 Total	of specified payr made	nents	10 Part of colur in the controlli gross	mn 9 that ing organia s income	is included zation's	` 11 Dec	ductions directly connected income in column 10	
(1)											
(2)								-			
(3)					_						
(4)					_						
						Add colum Enter here and line 8, c		1, Part I,	Enter he	d columns 6 and 11 ere and on page 1, Part I ine 8 column (B)	
Totals Schedule G - Investme	nt Income of a	Soction	501/5\/7) (Q) or (-	17) 0	anization		0.			
(see inst		Section	501(C)(<i>I</i>), (9), or (i /) Org	anization					
	cription of income	-		2 Amount of	ıncome	3 Deduction directly connectation sched	cted	4 Set-a		5 Total deductions and set-asides (col 3 plus col 4)	
(1)						12				(22. 2 pind 00; 4)	
(2)											
(3)	<u> </u>										
(4)									_		
				Enter here and o Part I, line 9, col			l			Enter here and on page 1 Part I, line 9 column (B)	
Totals			▶		_ 0.					_ 0.	
Schedule I - Exploited (see instru	•	y Income	, Other	Than Adv	ertisin	g Income					
1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Exp directly co with pro of unre business	onnected duction elated	4 Net incomfrom unrelated business (cominus columngain, compute through	trade or lumn 2 13) If a cols 5	5 Gross inco from activity to is not unrelate business inco	hat ed	6. Expr attributa colum	ble to	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1)											
(2)											
(3)											
(4)											
	Enter here and on page 1, Part I, line 10 col (A)	Enter here page 1, line 10	, Part I, col (B)				•			Enter here and on page 1, Part II, line 26	
Totals Schedule J - Advertisia	ng income (see		0.							0.	
	Periodicals Rep			olidated	Basis			<u> </u>			
1 Name of periodical	2 Gross advertising income		Direct rtising costs	4 Adverti or (loss) (co col 3) If a ga cols 5 th	l 2 minus in, compute	5 Circulati income		6 Reade costs		7 Excess readership costs (column 6 minus column 5, but not more than column 4)	
(1)					_						
(2)				4		<u> </u>	\rightarrow				
(3)		_ _		-			\longrightarrow				
(4)				+	_	 					
Totals (carry to Part II, line (5))	•	0.	0	•						0.	
										Form 990-T (2018	

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dicals Reporte	ed on a Separ	ate Basis (For ea	ch periodical	listed in Pa	rt II, fill in	
a line-by-line basis)						
2 Gross advertising income	3 Direct advertising costs					Excess readership costs (column 6 minus column 5 but not more than column 4)
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0.	0.					0.
Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1 Part I, tine 11, col (B)		,		u .	Enter here and on page 1, Part II, line 27
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n of Officers, I	Directors, and	Trustees (see in	structions)			
		2 Title	time	devoted to		ensation attributable elated business
				%		
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ine 14						<u> </u>
	2 Gross advertising income Chief here and on page 1, Part I, line 11, col (A)	2 Gross advertising income 0. Enter here and on page 1, Part I, line 11, col (B) 0. of Officers, Directors, and	dicals Reported on a Separate Basis (For ea a line-by-line basis) 2 Gross advertising all or (loss) (col 2 minus col 3) if a gain compute cols 5 through 7 0 0 0 Enter here and on page 1, Part I, line 11, col (A) 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	dicals Reported on a Separate Basis (For each periodical a line-by-line basis) 2 Gross advertising income 3 Direct advertising costs or (loss) (col 2 minus col 3) if a gain compute cols 5 through 7 5 Circulation cols 5 through 7 Enter here and on page 1, Part I, line 11, col (A) 0 .	dicals Reported on a Separate Basis (For each periodical listed in Para line-by-line basis) 2 Gross advertising and or (loss) (col 2 minus col 3) if a gain compute cols 5 through 7 6 Enter here and on page 1, Part I, line 11, col (A) 0 O O O O O O O O O O O O O O O O O O	dicals Reported on a Separate Basis (For each periodical listed in Part II, fill in a line-by-line basis) 2 Gross advertising an or (loss) (col 2 minus col 3) If a gain compute cols 5 through 7 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0

Form 990-T (2018)

FORM 990-T DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED BUSINESS ACTIVITY STATEMENT 1

NONDEDUCTIBLE TRANSPORTATION BENEFITS

TO FORM 990-T, PAGE 1